

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-3-05.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The IRO reviewed office visits, manual therapy technique, therapeutic exercises, aquatic therapy, group therapeutic procedures, unlisted cardiovascular service, electrical stimulation and vasopneumatic devices that were denied for medical necessity from 6-8-04 through 7-9-04.

The office visits, manual therapy technique, therapeutic exercises, aquatic therapy, group therapeutic procedures, unlisted cardiovascular service, electrical stimulation and vasopneumatic devices that were denied for medical necessity from 6-8-04 through 6-29-04 were found to be medically necessary. The office visits, manual therapy technique, therapeutic exercises, aquatic therapy, group therapeutic procedures, unlisted cardiovascular service, electrical stimulation and vasopneumatic devices that were denied for medical necessity from 6-30-04 through 7-9-04 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The total amount of the medical necessity services is \$1,976.85.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 3-29-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 97110 on 6-25-040 was denied as "G – Unbundling." Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment

because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy.

Recommend no reimbursement.

CPT code 95851 on 7-7-04 was denied as "G – Unbundling". Per Ingenix Encoder Pro this code is bundled to CPT Code 95831 and to CPT code 97750. The services represented by the code combination will not be paid separately. **Recommend no reimbursement.**

CPT code 95831 on 7-7-04 was denied as "G – Unbundling". Per Ingenix Encoder Pro this code is bundled to CPT code 97750. The services represented by the code combination will not be paid separately. **Recommend no reimbursement.**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees totaling \$1,976.85 from 6-8-04 through 6-29-04 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);

plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Order is hereby issued this 15th day of June 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

May 3, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-1848-01
TWCC #:
Injured Employee:
Requestor: Southeast Health Services
Respondent: Texas Builders Ins.
MAXIMUS Case #: TW05-0068

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's

Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on _____. The patient reported that while at work he injured his right knee. An MRI of the right knee performed on 12/16/03 revealed abnormal horizontal intra-meniscal signal in the medial meniscus, suggesting meniscal tear extending to the undersurface at the junction of the mid body and posterior horn, thinning of the ACL, and chondromalacia in all three compartments. On 4/8/04 the patient underwent right arthroscopic knee surgery followed by post-operative rehabilitation consisting of manual therapy techniques, therapeutic exercises, aquatic therapy, group therapeutic procedures, electrical stimulation, and vasopneumatic devices.

Requested Services

99212-OV, manual therapy technique, therapeutic exercises, aquatic therapy, group therapeutic procedures, unlisted cardiovascular service, 99211-OV, electrical stimulation, and vasopneumatic devices from 6/8/04 through 7/9/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Letter of Medical Necessity (no date)
2. FCE 2/27/04, 9/14/04
3. Progress Notes 6/22/04 – 7/7/04
4. MRI right knee report 12/16/03
5. Orthopedic Evaluations 1/28/04 – 4/14/04

Documents Submitted by Respondent:

1. Peer Review 4/4/05
2. PPE 7/7/04
3. Progress Note 6/8/04

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his right knee. The MAXIMUS chiropractor reviewer indicated that the patient underwent surgery to his right knee on 4/8/04 followed by postoperative rehabilitation beginning on 5/4/04. The MAXIMUS chiropractor reviewer explained that according to the Official Disability Guidelines, physical therapy guidelines for rehabilitation after surgery to the knee includes 24 visits or 8 weeks of therapy. The MAXIMUS chiropractor reviewer indicated that these guidelines would suggest an end date for the physical therapy this patient received of 6/29/04. The MAXIMUS chiropractor reviewer explained that the documentation provided failed to demonstrate objective findings that the patient was benefiting from the treatment rendered. The MAXIMUS chiropractor reviewer noted that the patient underwent a functional capacity exam on 7/7/04 the revealed a range of motion in the right knee to be 100 degrees in flexion. The MAXIMUS chiropractor reviewer explained that this finding was worse than the range of motion found in a functional capacity exam performed on 2/27/04. The MAXIMUS chiropractor reviewer further explained that there was no objective evidence to show that additional treatment was needed beyond the 24 visits or 8 weeks of postoperative therapy. Therefore, the MAXIMUS chiropractor consultant concluded that the 99212-OV, manual therapy technique, therapeutic exercises, aquatic therapy, group therapeutic procedures, unlisted cardiovascular service, 99211-OV, electrical stimulation, and vasopneumatic devices from 6/8/04 through 6/29/04 were medically necessary.

The MAXIMUS chiropractor consultant further concluded that the 99212-OV, manual therapy technique, therapeutic exercises, aquatic therapy, group therapeutic procedures, unlisted cardiovascular service, 99211-OV, electrical stimulation, and vasopneumatic devices from 6/30/04 through 7/9/04 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department